Conclusions: Whilst discharge documentation has improved, significant deviation from local guidelines remains and is principally due to use of antiplatelet therapy after mitral repair.

0941: AN AUDIT ON THE DOCUMENTATION OF THE INTERPRETATION OF CHEST RADIOGRAPHS FOLLOWING THORACIC SURGERY

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Aims: All patients undergoing thoracic surgery at our institution undergo post-operative and post-drain removal chest radiographs (CXR). General Medical Council (GMC) Good Medical Practice guidelines state that the interpretation of all investigations should be documented by the requesting physician. The aim of this audit was to assess compliance with GMC standards.

Methods: A prospective audit was carried out of all patients who underwent thoracic surgery between 1st November and 7th December 2012. Quality of documentation within the patient record was assessed by a single investigator for both the post-operative and the post-drain removal CXR's. For each CXR, basic demographics (date, patient details and physician identification) and the presence or absence of post-operative pulmonary complications were assessed.

Results: During the period of study 63 patients underwent thoracic surgery. 49(78%) patients had documentation of post-operative and 46(73%) post-drain removal CXRs. However, more detailed clinical information was included in only 9(14%) and 12(19%) of records respectively.

Conclusions: There is a suboptimal level of documentation of routine CXRs post-thoracic surgery. Improvement, therefore, is crucial in recording the presence or absence of radiographic post-operative complications in patient records. A pro forma for CXR documentation has been introduced and re-audit is currently in progress.

0982: THE EUROSCORE II IS A BETTER PREDICTOR OF MORTALITY THAN LOGISTIC EUROSCORE FOR PATIENTS UNDERGOING TRANSCATHETER AORTIC VALVE IMPLANTATION

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Objectives: Patient selection for transcatheter aortic valve implantation (TAVI) is critical because of proven efficacy for conventional aortic valve surgery (AVR). Currently available risk scoring systems are known to be inadequate; logistic Euroscore (LES) over predicts mortality for AVR. This study compared predictive ability of the new EuroSCORE II (ES2) with LES in patients undergoing TAVI.

Methods: All patients undergoing TAVI (January 2009 - September 2012) were identified from our registers. LES and ES2 scores were calculated and predicted mortalities for the 2 scoring systems compared with that observed.

Results: 124 patients underwent TAVI: 3 cases were excluded due to insufficient data. Mean age of patients (n=121) was 81.9 years (75 − 91). Mean predicted LES was 21.6 ± 12.6 compared to 7.7 ± 6.2 for ES2; paired student t-test showed ES2 to be significantly lower ($p < 0.01$). There were 6 in-hospital deaths (observed mortality of 4.95%); Eta^2 was 0.696 for LES and 0.770 for ES2.

Conclusions: Current risk scoring systems are not designed for sub-sets of patients or specific operations. The ES2 may offer a more accurate prediction of risk compared to LES. There is still a need to develop more robust predictive models for patients undergoing TAVI.

0994: AN AUDIT INVESTIGATING THE LOADING OF AMIODARONE IN PATIENTS DEVELOPING ATRIAL FIBRILLATION POST CARDIAC SURGERY

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Aim: European Society of Cardiology guidelines for conversion of recent onset atrial fibrillation (AF) post cardiac surgery, recommends 5mg/kg loading dose IV Amiodarone. This study evaluates adherence to these guidelines in our cardiac unit.

Method: A retrospective analysis of consecutive patients undergoing CABG was conducted (October - December 2011). Loading of IV Amiodarone in patients developing new onset fast AF was analysed. Recommendations were presented at local level; trust guidelines were re-designed and stakeholders educated of the new protocol, prior to a prospective audit loop one year later.

Results: The first cycle showed no compliance with international guidelines and facilitated a change in local policy. Despite clear guidance to all clinical, nursing and ITU staff, patients in the second cycle still did not receive a loading dose of 5mg/kg IV Amiodarone.

Conclusions: Strong evidence supports a weight based loading regime of IV Amiodarone to convert patients from fast AF into sinus rhythm. Conventional practice using a 300mg loading dose does not consider the significant number of patients > 60kg. This may contribute to longer hospital admissions and more patients being discharged in AF. Other cardiac units should be encouraged to audit local practice and initiate change to guidelines.

1225: PRE-OPERATIVE TOPICAL ANTISEPTICS AND POST-OPERATIVE INFECTION RATES IN CARDIOTHORACIC SURGERY: META-ANALYSES OF PROSPECTIVE STUDIES

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Aim: To investigate the role of routine pre-operative topical antiseptic agents in cardiothoracic surgery.

Background: Staphylococcus aureus is a major cause of post-operative infection after open-heart surgery, with the patient's endogenous flora as the principal source. However the routine use of pre-operative topical antiseptics in all cardiothoracic patients has not been established. In a meta-analysis, we quantitatively assessed the associations reported in prospective studies of routine use of preoperative topical antiseptics.

Methods and Results: Studies were identified by computer-assisted searches of the published literature and scanning of relevant reference lists. The following was abstracted: size and type of cohort, mean age, mean duration of follow-up, and the relative risk ratio of developing a post-operative infection when using topical antiseptic agents. There were 5 studies reporting the use of pre-operative chlorhexidine and 4 studies on topical mupirocin. The combined relative risk ratio of developing a post-operative infection when using topical chlorhexidine versus the control arm was 0.47 (CI 0.39-0.63, $p<0.05$). The combined relative risk ratio when using topical mupirocin of developing an infection was 0.43 (CI 0.32-0.72, $p<0.05$).

Conclusion: Published prospective studies provide good evidence to support the routine use of preoperative topical antiseptic agents.

Key Words: chlorhexidine, mupirocin, cardiothoracic surgery

1301: RIGID BRONCHOSCOPY ASSISTED PERCUTANEOUS TRACHEOSTOMY

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Objective: Percutaneous tracheostomy is generally guided by flexible bronchoscopy. We propose that the use of rigid bronchoscopy can make the technique easier and safer especially in the anatomically challenging patient.

Methods: Patients' who had rigid bronchoscopy guided percutaneous tracheostomy from Jan 2002 until Oct 2012 were identified from a prospectively collected database. Patients demographics were recorded together with indication and complications. The procedures were performed by a consultant thoracic surgeon and an anaesthetic consultant. Procedures were performed using 7.5 rigid bronchoscope, Sanders injector and a standard percutaneous tracheostomy technique.

Results: 12 Patients were identified with a mean age of 72 years. The most common primary interventions were surgery for type A aortic dissection (4 patients) and coronary artery bypass graft surgery (4 patients), followed by sternal reconstruction (3 patients). Two patients were anatomically challenging because of body habitus and short neck. No complications were recorded.

Conclusion: Rigid bronchoscopy is a useful technique in guiding percutaneous tracheostomy as it can make a difficult procedure easy. However, limitation in the available expertise to perform it is limiting its use to cardiothoracic centres. We believe that anaesthetic trainees should be exposed to the technique as it can potential be life saving.